?	COLLISION REPORT	0 5 27
12	INTERSTATE CITY STREET V RESULTED STOLEN	3
	STATE ROUTE OTHER VEHICLE LOCAL AGENCY CODING COUNTY RD PRIVATE WAY INVOLVED	3 1 9
2 3	TOTAL # OF UNITS 02 OBJECT STRUCK	1 8 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	STATE ROUTE 204 MILE POST	0 4 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) E LUNDEEN PARKWAY W W REFERENCE OR CROSS STREET)	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET PHONE D: 4257504270	0 1 30
6 1	LAST NAME FRANKLIN FIRST NAME PAUL MIDDLE INITIAL D	
	STREET 1701 PUGET DRIVE	
7	CITY EVERETT ST WA ZIP 98203	1 1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 1	DRIVER'S FRANKPD340OT STATE WA SEX M D.O.B. 09 _ 30 _ 1966	3
10 1	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET INJURY 1 NATURE OF INJURIES	1 2 32
3 5		2
		3
Ш	VEH. YEAR 2002 MAKE HOND MODEL ODYSSE STYLE VN VEHICLE TOWED BY GOVT. VEHICLE YES NOV.	FROM 10
138	REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA	3 5 33
14 8	UABITY INSURANCE INSURANCE ALLSTATE 964273580 9 TOP 5 POLICY # ALLSTATE 964273580 9 TOP 10 SOTTOM # CHARGE	7 3 34
15 1	UNIT 02 MOTOR PEDAL PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE D: 4253223135	4 35
16 1	LAST NAME COFFEY FIRST NAME KODY MIDDLE INITIAL J	4 30
17	STREET NEW ADDRESS 306 82ND DRIVE SE	37
18	CITY LAKE STEVENS ST WA ZIP 98258	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S COFFEKJ044CK STATE WA SEX U D.O.B. 02 - 12 - 1996	40
21	CNICHTY STATUS AIRBAG 2 RECT 4 SIECT 1 HELMET INJURY 1 NATURE OF INJURIES	
22	LICENSE	
23	TONI FD	
	VEH. YEAR 1991 MAKE EGIL MODELTALON STYLE 3D VEHICLE TOWER BY VEH. YEAR 1991 TOWER BY VEH. YEA	1 41
24	PEGISTERED OWNER INFO: BRUCE COFFEY 306 82ND DRIVE NE LAKE STEVENS WA 98258 D: 4253223135 VEHICLE NO. 2 SHADE N DAMAGED AREA	1 42
	LIABLITY INSURANCE INSURANCE GEICO 432063163	
25	OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY AGENCY	
26	PART A STREET OF 3	





CORRECTION

CASE #

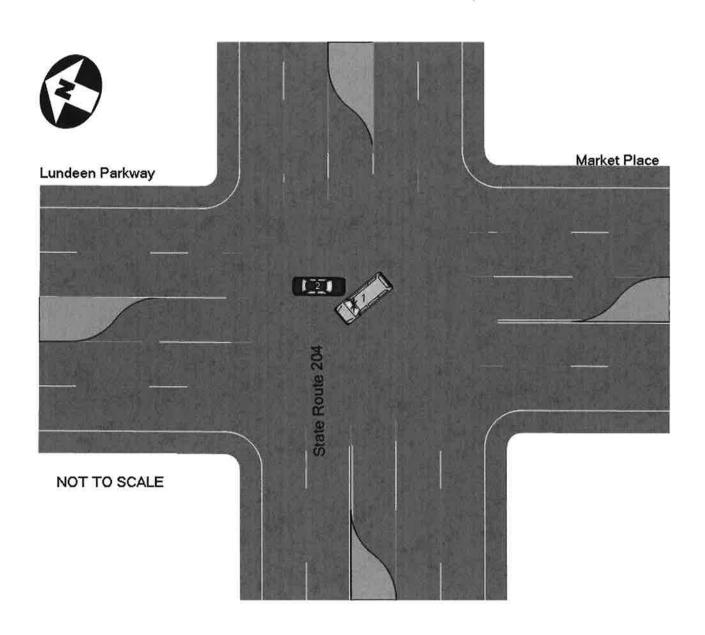
REPORT NO.

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14-00646

PRAMICE STATE PROBLEM PRAMICE COLLEEN PROBLEM				ADDI"	TIONA	L PERSC	NS INVO	DLVE	D (PASS	ENGE	RS AND/	OR W	ITNES	SES	ONLY)							
TO 1 1998 MASSINGER WITHOUT PRIVATE VERSETT WAS ASSOCIATED BY THE STATE OF WASSINGTON THAT THE FORECOME IS TRUE AND CORRECT. (PICW 9A.72.089) R. RUTHERFORD R. RUTHERFOR		INITIAL)	FRAN	IKLIN CO	LLEEN																	
MARKE LAST HERE OF MORE HYPERS WHITE # 1 90% IS ARRANG 2 PRESTR. 8 SLECT 1 PROBLEM	ADDRESS & PHONE #		DRIVE	EVERETT	WA 98	203							ŞEX F		D.O.B.	03	_]-	- 0	17	-	196	3
MARKET M	PASSENGER 🗸	WITNESS	NIT#	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1			INJU	URY ASS	1	NA	TURE OF	FINJUR	IES	
PROSERVICER WITHERS UNIT # POS. AIRBAG RESTR. BLECT MOUNT WALLEY W		INITIAL)																				
INSERTING THE PROBLEM OF PERULIFY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT, IROW 9A.772.089 R. RUTHERFORD RESTRANDOR RESTRANDER SEX	ADDRESS & PHONE &												SEX].	-[÷		
AGRESSA PROBLET MARCATUE MARCATUE On 03/19/2014 at about 1250 hours, I was dispatched to a non-injury and non-blocking 2 vehicle collision south of Lundeen Parkway and SR204. Upon arrival, I was contacted by a WSP Trooper who was on scene. The driver of vehicle 1 advised me that he was heading West on Market Place and was preparing to turn South on SR204. The driver of vehicle 2 told me that he was approaching SR204 from Lundeen Parkway and Was going straight through the intersection onto Market Place. Vehicle 1 failed to yield the right of way by turning left in front of vehicle 2. There were no reported injuries and vehicle 1 driver arranged to have his vehicle removed from the scene.	PASSENGER	WITNESS	NIT#		SEAT POS.		AIRBAG		RESTR.		EJECT	T			INJI CL/	URY ASS	Ī	NA	FURE OF	FINJUR	IES	
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BOB SUMMERS 0/9	APPROVED BY		JHE		UN	II OH DIST.	ייי		DATE	ט	T	DATE										
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WASHINGTON STATE PATROL **Driver Statement**



Paul 1 Franklin 9-30-66	<.4
Name Date of Birth	
1701 Puget de Everett WA98	32
Address Apartment # City, State, Zip Code	
Home Phone 425-750 4270 Work Phone Cell 425 280772	6
Fax E-mail	
Are you injured? Yes No Were you wearing your seatbelt? Yes No	
Is your vehicle equipped with an airbag? Yes No	
If injured, what are your injuries? DISSINGER	-
Please circle which lane were you in?	(6
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other	
Please circle which lane the other vehicle was in?	
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other	0.
Collision Description	
Describe how the collision occurred in as much detail as possible, including what you were doing prior to the	
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Please list the full name	s, dates of birth	n, addresses, pho	ne numbers and	seat positions	all vour
passengers on		·	, m = 1	7	DRIVER
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Name	Date of Birth	Address (incl.		Phone #	Seat Position
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License #	State	Type of car	Model _	(50)	
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Location of damage on run	ning vehicle	 		111 113	×
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2	•	** # 14 14 14 14 14 14 14 14 14 14 14 14 14		X! I	9
Passenger(s): Male or Fema	ale Description a	nd approx, age	Female	460	3 - 3 3
# F	* 2	и ⁽⁸ (4)		2 3 3 E	× 11 5
					*
certify under penalty of	perjury under t	he laws of the St	ate of Washingto	on that the fore	going
tatement is true and cor	rect (RCW 9A.7	2.085)			
Parel Stage	An	3/19/1	Ц	Snohomish Count	y. Washinaton
Driver Signature		Date		Locatio	
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	121 K	e * * *	A		\times
Statement Taker	n Ву		× ~ ~		•



WASHINGTON STATE PATROL Driver Statement



Kody Jaez Coffen	02/12/1996
Name Date of	
306 8200 Dr SE	ike stevens was 98258.
	y, State, Zip Code
Home Phone 425 - 322 - 3135 Wor	KPhone 425-791-1553 2064483008
Fax E-ma	il Coffey Kody 240@ Gmail.com
Are you injured? Yes No We	ere you wearing your seatbelt? Yes No
Is your vehicle equipped with an airbag? Yes No	
If injured, what are your injuries?	
Please circle which lane were you in? Carpool Left Center Right Left turn lane Right turn lane	ne Two-way left turn other
Please circle which lane the other vehicle was in?	
Carpool Left Center Right (Left turn lane) Right turn la	ne Two-way left turn other
Collision Description	**************************************
Describe how the collision occurred in as much detail as pos collision, what street you were on and the other vehicles located through the in	ation/actions:
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Name	Date of Birth	Address (includ	e city & zip)	Phone #	Seat Position
V-1 c	an /10 101	306 82nd Dr	98258	425 791 1553	19
Kody Coffey.	02/12/96	304 8242 Dr	SC Lant steins	-(en 1-1/1938	Driver
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ertify under penalty of	f perjury under t	he laws of the Stat	e of Washingtor	that the fore	going
tement is true and co	rrect (RCW 9A.7	2.085)	Œ		
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Driver Signature	e i	Date	401	Locatio	
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Incident History for: #SS14005206
Case Numbers: \$SS14000646 03/19/14 12:49:59 BY SPCT05 SP0285 Entered 03/19/14 12:50:11 BY SPDP17 SP0213 Dispatched Enroute 03/19/14 12:50:11 03/19/14 Onscene 12:57:51 Closed 03/19/14 13:31:25 Initial Type: COL Initial Alarm Level: Final Alarm Level: (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Type: COL Final Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST Src: TLoc: LUNDEEN PARK WY/SR 204, LKS (V) Loc Info: Name: WSP Addr: Phone: /1249(SP0285) **ENTRY** , AC, 2 VEH NON INJ, NON BLKING, SIL VAN VS BLU P (SP0213) /1250DISPER 19D1 **#SS75** CHRISTENSEN, OFCR (CHAD) #SS130 RUTHERFORD, OFCR (RICH) /1257 ONSCNE 19D1 /1300 (SS75) REMINQ 19D1 MDTVEH, 989ZLT, , WA, , , , , , , , , /1300REMINQ 19D1 MDTVEH, AJR0741, , WA, , , , , , , , , , /1308(SP0213) ASNCAS 19D1 \$SS14000646 /1331**CLEAR** 19D1 D/H **CLOSE** 19D1 /1331

